

Be Healthy ... Be Happy
3 Primrose Street
Newtown, CT 06470



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NEWTOWN DISTRICT DEPARTMENT OF HEALTH

APPLICATION & APPROVAL FOR REVISED PLAN REVIEW FOR A NEW SEPTIC SYSTEM

Note: This approval expires 12 months from date of issuance. **This is only a plan approval – This is NOT a Permit to Construct – Installer must obtain a separate permit prior to any work.**

STREET ADDRESS OF PLAN: _____

ASSESSOR'S MAP _____ BLOCK _____ LOT _____

ENGINEER'S NAME: _____

ENGINEER'S TELEPHONE #: _____ FAX#: _____

OWNER'S NAME: _____

OWNER'S TELEPHONE #: _____ FAX#: _____

OWNER'S MAILING ADDRESS: _____

RESIDENTIAL STRUCTURE:

No. of Bedrooms: _____ Plumbing in basement: ☐ yes ☐ no Garbage grinder: ☐ yes ☐ no

Jacuzzi or whirlpool: ☐ yes ☐ no Capacity in gallons: _____ Tub over 100 gallons: ☐ yes ☐ no

*If future pool location is known at the time of application, it should be shown on the design plan.

COMMERCIAL OR NON-RESIDENTIAL:

Square footage of building: _____ Intended Use: _____

Number of Employees: _____ Design Flow: _____

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A copy of an easement(s) or deed restriction(s) must be attached.

If wetlands/watercourses exist, the Land Use Agency should be consulted to determine their requirements.

Allow 7-10 working days for plan review. Three sets of the septic proposal plan must accompany this application for the Health District to process application.

Applicant's Signature Telephone No.: _____ Date: _____

FOR HEALTH DISTRICT USE ONLY: Fee Paid _____ \$50.00 Check No.: _____ Date: _____

DENIED _____ APPROVED _____ See attached CONDITIONS OF APPROVAL page

Application No. : _____ Reviewed By: _____ Approval Date: _____